

Please fax back to: 0114 245 2923

Company Name: _____

Email: _____

Contact Name: _____

Order/Quote Ref: _____

Telephone: _____

Delivery Address: _____

Mobile: _____

Fax: _____

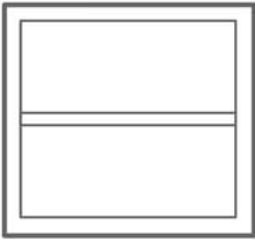
Post Code: _____



Special Instructions

System:

SPECTUS EUROCELL

Please add (T) to each sash if toughened glass is required.

Please sketch Georgian Bar if required INT EXT

Width: _____

Height: _____

Transom Drop: _____ Quantity: _____

Colour/Foil: _____

Cill Size: _____

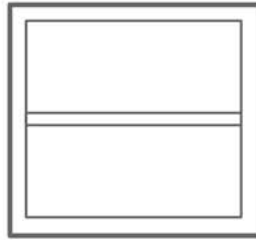
Travel Restrictors:
Y N Sash Horns:
Y N

Spacer Bar: _____

Furniture Colour:
White Gold Chrome Satin

System:

SPECTUS EUROCELL

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Width: _____

Height: _____

Transom Drop: _____ Quantity: _____

Colour/Foil: _____

Cill Size: _____

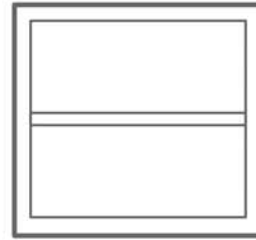
Travel Restrictors:
Y N Sash Horns:
Y N

Spacer Bar: _____

Furniture Colour:
White Gold Chrome Satin

System:

SPECTUS EUROCELL

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Height: _____

Transom Drop: _____ Quantity: _____

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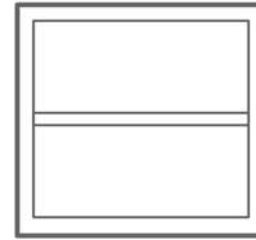
Travel Restrictors:
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Spacer Bar: _____

Furniture Colour:
White Gold Chrome Satin

System:

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Width: _____

Height: _____

Transom Drop: _____ Quantity: _____

Colour/Foil: _____

Cill Size: _____

Travel Restrictors:
Y N Sash Horns:
Y N

Spacer Bar: _____

Furniture Colour:
White Gold Chrome Satin

Spectus Colours Available:



White, Cream Foil, White Foil, Rosewood, Rosewood on White, Light Oak, Light Oak on White, + Special Foils

Eurocell Colours Available:



White, Cream, Rosewood, Light Oak, Irish Oak

Delivery Date Required:

Week Commencing: _____

Please accept the order with terms and conditions available on request. I accept that the above information that I have provided represents the final measurements of the vertical sliding sash windows. I therefore authorise you to proceed with manufacturing in accordance with these details I have provided.

Name: _____

Required for order:

Signature: _____

Required for order:

Date: _____